

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90036 003 ***150.00

40010593



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3036984** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # L97029

1. Entity Name
RAVEN RESOURCES, INC.



Principal Place of Business
**315 70TH STREET SE
CHARLESTON, WV 25304 US**

Mailing Address
**P.O BOX 26765
RICHMOND, VA 23261 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIZE, R. FREAL	
STREET ADDRESS	300 KANAWHA BLVD EAST., SUITE 400	
CITY-ST-ZIP	CHARLESTON, WV	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLONS, KYMBERLY T	
STREET ADDRESS	315 70TH STREET SE	
CITY-ST-ZIP	CHARLESTON, WV 25304	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	COMER, TIMOTHY E	
STREET ADDRESS	11020 A GROSSCUP AVE	
CITY-ST-ZIP	DUNBAR, WV 25064	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COUDRIET, STEPHEN C	
STREET ADDRESS	4 NORTH FOURTH STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, JAMES L	
STREET ADDRESS	4 NORTH 4TH STREET	
CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Dostart	
STREET ADDRESS	315 70th Street SE	
CITY-ST-ZIP	Charleston, WV 25304	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey M. Gillenwater	
STREET ADDRESS	315 70th Street SE	
CITY-ST-ZIP	Charleston, WV 25304	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen C. Coudriet **Stephen C. Coudriet - Asst. Secretary 01/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **804-788-1800** Phone #